Senate Bill 256

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Creates Task Force on Technology and Security of Personal Health Care Information. Sunsets task force on January 1, 2013. Declares emergency, effective on passage.

A BILL FOR AN ACT

2 Relating to security of personal health care information; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

- <u>SECTION 1.</u> (1) The Task Force on Technology and Security of Personal Health Care Information is established, consisting of 11 members appointed as follows:
- (a) The President of the Senate shall appoint two members from among members of the Senate.
- (b) The Speaker of the House of Representatives shall appoint two members from among members of the House of Representatives.
- (c) The Director of the Oregon Health Authority and the Director of Human Services shall jointly appoint four members with expertise in technological means of storage, duplication, confidentiality and security of personal health care information.
- (d) The Governor shall appoint three representatives of the general public with personal experience in matters involving personal health care information.
- (2) The task force shall study, research, hold public hearings and make recommendations for a plan to protect and maintain the security and confidentiality of personal health care information that is maintained through technological means, including but not limited to computers, printers, copy machines and other equipment that stores print or electronic data that can be read or reconstructed. The task force shall also consider best practices for the sale and transfer of equipment that contains personal health care information.
- (3) A majority of the voting members of the task force constitutes a quorum for the transaction of business.
- (4) Official action by the task force requires the approval of a majority of the voting members of the task force.
 - (5) The task force shall elect one of its members to serve as chairperson.
- (6) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective.
- (7) The task force shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the task force.
 - (8) The task force may adopt rules necessary for the operation of the task force.

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- (9) The task force shall submit a report, and may include recommendations for legislation, to a legislative committee or an interim committee of the Legislative Assembly related to health care information as appropriate no later than October 1, 2012.
 - (10) The Oregon Health Authority shall provide staff support to the task force.
- (11) Members of the task force who are not members of the Legislative Assembly are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses incurred in performing functions of the task force shall be paid out of funds appropriated to the Oregon Health Authority for purposes of the task force.
- (12) All agencies of state government, as defined in ORS 174.111, are directed to assist the task force in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the task force consider necessary to perform their duties.
 - (13) For purposes of this section, "personal health care information" means:
- (a) Individually identifiable health information that relates to an individual's past, present or future physical or mental health or condition, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual; and
- (b) Information that is confidential and protected from disclosure under the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations pursuant to the Act, including 45 C.F.R. parts 160 and 164.
 - SECTION 2. Section 1 of this 2011 Act is repealed on January 1, 2013.
- SECTION 3. This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.